BLOOD PRESSURE AND CHOLESTEROL AWARENESS				
Indicator	**STEPS**	**CINDI**	**CARMEN**	**BRFSS**
			classifying medication into groups.	

PM3001499611

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BLOOD PRESSURE AND CHOLESTEROL AWARENESS

Indicator	STEPS	CINDI	CARMEN	BRFSS
Current treatment for cholesterol control			10.4 Are you currently following a program or treatment by a health professional to control your cholesterol? 1. Yes 2. No 10.5 What kind of treatment are you following? 1. Drugs 2. Treatment without medication (diet, exercise, weight control) 10.6 What kind of treatment that does not involve medication are you following to lower your cholesterol and keep it under control? 1. Fat-free diet or your diet contains less fat than previously 2. Regular physical exercise 3. Weight loss or control 4. Increasing your intake of fruits and vegetables 5. Others 6. None *10.7 Please show me the medication you are taking to lower your cholesterol.* *The interviewer will ask the respondent to show any medication he/she is taking.* *The interviewer will then write down, in the spaces provided below, the name(s) of the medication(s) as they appear on product packaging. Staff trained in this area will be responsible for*	

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BLOOD PRESSURE AND CHOLESTEROL AWARENESS

Indicator	STEPS	CINDI	CARMEN	BRFSS
Blood cholesterol ever measured			[4]10.1 Before this interview, had you ever measured (tested/checked) your cholesterol? 1. Yes 2. No 3. Not sure	[5]5.1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? 1 Yes 2 No -Don't know/Not sure -Refused
When last measured blood cholesterol		2.11 When was the last time your blood cholesterol was measured? -during the previous year -between 1 and 5 years ago -more than 5 years ago -never -I don't know	10.2 When was the last time you had your cholesterol measured? 1. One year ago or less 2. 1-2 years 3. 2-3 years 4. 3-5 years 5. Not sure/don't recall	5.2. About how long has it been since you last had your blood cholesterol checked? 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years ago -Don't know/Not sure -Refused
Ever been told has high cholesterol			10.3 Has a doctor, nurse or other health professional ever told you that you have had or have high blood cholesterol? 1. Yes 2. No 3. Not sure/don't recall	5.3 Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high? 1 Yes 2 No -Don't know/Not sure -Refused

[4] *Cholesterol*
[5] *Cholesterol Awareness Core section*

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BLOOD PRESSURE AND CHOLESTEROL AWARENESS

Indicator	STEPS	CINDI	CARMEN	BRFSS
			6. Other drugs that do NOT have any recognized antihypertensive effect *6.7 What type of treatment without drugs are you following to lower or control your blood pressure?* *1. Eat no salt or less salt than before* *2. Get regular physical exercise* *3. Reduce or maintain body weight* *4. Eat more vegetables and fruits* *5. Other* *6. None*	
Availability of B.P. control drugs			*6.8 Are the drugs recommended by your physician usually available for sale?* *1. Yes, always* *2. Yes, but with a little difficulty* *3. Yes, but with a great deal of difficulty* *4. Never or almost never find them*	
Affordability of drugs			*6.9 Do you usually have the money to buy, or do you have another way of obtaining, the drugs recommended by your physician?* *-Yes, always* *-Yes, but with a little difficulty* *-Yes, but with a great deal of difficulty* *-Never or almost never find them*	

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BLOOD PRESSURE AND CHOLESTEROL AWARENESS

Indicator	STEPS	CINDI	CARMEN	BRFSS
			you receiving? 1. Drugs 2. Treatment without drugs (diet, exercise, weight reduction) *6.6 Show me the drug or drugs that you are taking for high blood pressure. Now, tell me how often you take them each day or each week.* *In order to evaluate the drugs the participant is taking, it is necessary to visually confirm which ones they are. The interviewer asks the participant to show the drugs that he reports taking. In the space below this paragraph, the names of each drug exactly are copied as written on the container (the trade and generic name) along with the dosage (number of mg, g, etc.). A trained analyst will then classify the drugs by group.* *__Generic name (Trade name)* *__Dosage (mg, g)* *__Taken how many times a day?* *__Taken how many times a week?* *The following will be completed by a designated and duly certified individual.* *1. Diuretics* *2. Beta-blockers* *3. Calcium channel antagonists* *4. Inhibitors of the renin-angiotensin system* *5. Other antihypertensive drugs*	

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BLOOD PRESSURE AND CHOLESTEROL AWARENESS

Indicator	STEPS	CINDI	CARMEN	BRFSS
Illness symptoms		2.6 Have you had any of the following symptoms or complaints during the last month (30 days)? Y N Chest pain during exercise _ _ Joint pain _ _ Back-pain _ _ Neck/shoulder pain _ _ Swelling of feet _ _ Varicose veins _ _ Eczema _ _ Constipation _ _ Headache _ _ Insomnia _ _ Depression _ _ Toothache _ _		
Whether BP ever measured			6.1 Before this interview, has a health professional ever measured (taken, checked) your blood pressure? 1. Yes 2. No 3. Do not recall/Not certain	
When BP last measured		2.10 When was the last time your blood pressure was measured? -during the previous year -between 1 and 5 years ago -more than 5 years ago -never -I do not know	6.2 When was the last time your blood pressure was checked? 1. Within the past year 2. 1-2 years ago 3. More than 2 years ago 4. Do not recall/Not certain	
Current BP treatment receiving			6.4 Are you presently following any program or treatment that a health professional has recommended to control your blood pressure? 1. Yes 2. No 6.5. What type of treatment are	4.2 Are you currently taking medicine for your high blood pressure? -Yes -No -Don't know/Not sure -Refused

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BLOOD PRESSURE AND CHOLESTEROL AWARENESS

Indicator	STEPS	CINDI	CARMEN	BRFSS
Ever been told has high B.P. - past year		[1]*2.4 During the last year (12 months), have you been diagnosed as having, or been treated for, any of the following conditions?* Y N *Elevated blood pressure, hypertension* 1 2 *Elevated blood cholesterol, hypercholesterolemia,* 1 2 *Elevated blood sugar, diabetes* 1 2 *Myocardial infarction, heart attack* 1 2 *Angina pectoris (chest pain during exercise)* 1 2 *Heart failure* 1 2 *Rheumatic arthritis* 1 2 *Back illness* 1 2 *Chronic bronchitis or emphysema* 1 2 *Bronchial asthma* 1 2 *Gastritis or ulcus* 1 2	[2]6.3 Has a physician, nurse, or other health professional ever told you that you have had, or suffer from high blood pressure? 1. Yes, only once 2. Yes, more than once 3. No, no one has ever said this to me 4. Do not recall/Not certain	[3]4.1. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? -Yes -No -Don't know/Not sure -Refused

[1] *Health Services and Health Status*
[2] *Hypertension*
[3] *Hypertension awareness Core section*
STEPS: Questions from "Expanded" section are in italics. All others are "core" questions.
CINDI: Questions in italics are "highly recommended" questions. All others are "obligatory".
CARMEN: Optional questions are in italics, all others are "core" questions.
BRFSS: Questions in italics come from optional modules or are state-selected questions. All others are "core" questions.

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